

1. Preface

1.1 Transmittal Title Page

State	Indiana
Demonstration Name	Healthy Indiana Plan
Approval Date	February 1, 2018
Approval Period	February 1, 2018 – December 31, 2020
Demonstration Goals and Objectives	Improving quality, accessibility, and health outcomes.

2. Executive Summary

In this reporting period the program continued stable operations. Starting January 1, 2019, some HIP members were required to report hours for Indiana’s community engagement program, Gateway to Work. Effective October 31, 2019, those reporting requirements were no longer enforced for HIP coverage. We explain this further in section 7 below. Each section is clearly marked as a quarterly (Q4) or an Annual update.

3. Enrollment

- (Required) The state has attached the required enrollment metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to enrollment metrics in Appendix X and has not included any narrative on this topic in the section that follows.

Q4: In this quarter, total enrollment in HIP was stable but we saw a 4.7% increase in the number of HIP Basic enrollees. There was also a 3.8% decrease in women enrolled in HIP Maternity. We attribute the decrease in HIP Maternity enrollment as women end their post-partum period and move into HIP Basic.

As of December 31, 2019, 66.9% of overall HIP enrollees are enrolled in the PLUS program, 28.2% who are enrolled in the HIP-Basic program, and 5% are enrolled in HIP Maternity.

Annual: Total enrollment in HIP has remained stable in 2019 with a slight increase of 0.6%. In Q1 2019, there was a 2.0% increase in the total number of HIP enrollees when compared to Q4 2018.

HIP Plus enrollment decreased from 71% in Q1 to 66.9% in Q4. We saw an increase in HIP Basic enrollment from 23.9% in Q1 to 28.2% in Q4. Pregnant women enrolled in HIP has remained stable.

3.2 Anticipated Changes to Enrollment

- The state does not anticipate changes to enrollment at this time.

4. Benefits

- (Required) The state has attached completed the benefit metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the benefits metrics in Appendix X and has not included any narrative.

4.1 Anticipated Changes to Benefits

- The state does not anticipate changes to benefits at this time.

5. Demonstration-related Appeals

- (Required) The state has attached completed the appeals metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the appeals metrics in Appendix X and has not included any narrative.

5.1 Anticipated Changes to Appeals

- The state does not anticipate changes to appeals at this time.

6. Quality

- (Required) The state has attached the quality measures in Appendix X.
- (If applicable) The state does not have any issues to report related to the quality measures in Appendix X and has not included any narrative.

Q4: There are no issues to report.

Annual: The MCE reporting manual went under a wholesale review at the end of 2018 based on the External Quality Review. This review provided robust updates to the MCE's reporting requirements and definitions. In Q2 there was a decrease in both the preventive screenings for breast and cervical cancer. The percent of preventive screenings, however, remained stable for Q3 and Q4. The decrease from Q1 to Q2 is attributed to the new reporting requirements, better quality, and reliability of the data. See graphs 2A and 2B found in Appendix X.

6.2 Anticipated Changes to Quality

- The state does not anticipate changes related to quality at this time.

7. Other Demo Specific Metrics

Q4: Members were not required to report activities until July 1, 2019. Gateway to Work (GTW), Indiana’s community engagement program, was designed with a requirement for some members to do report activities to keep their HIP benefits. However, effective October 31, 2019, the State decided to pause the reporting requirement, is not currently enforcing benefit suspensions, and will not until after a federal lawsuit is resolved.

Annual: Gateway to Work went live on January 1, 2019. GTW connects HIP members with ways to look for work, train for jobs, finish school, and volunteer. Some HIP members are required to do GTW activities to keep HIP benefits. All HIP members receive a referral status of Exempt, Reporting met, or Reporting (defined below). Referral status counts for Q1-Q3 are found in Appendix X. Members were not required to report activities until July 1, 2019. Gateway to Work was designed with a requirement for some members to do Gateway to Work activities to keep their HIP benefits. However, effective October 31, 2019, the State decided to pause the reporting requirement and is not currently enforcing benefit suspensions and will not until after a federal lawsuit is resolved.

Gateway to Work Status	Status Definition
Exempt	The member meets an exemption for GTW and is not required to participate for the months they are exempt. Members are still able to participate and use GTW resources if they choose.
Reporting met	The member already works at least 20 hours per week. They do not need to do anything new for GTW unless they report a change in employment to FSSA. Members are still able to participate and use GTW resources if they choose.
Reporting	The member is required to participate in GTW to keep their HIP benefits. They will need to participate in qualifying activities for a certain number of hours each month and report them by calling their health plan or using the FSSA Benefits Portal.

8. Financial/Budget Neutrality

Q4 & Annual: Indiana has adopted the Budget Neutrality workbook that CMS released on September 30, 2019. This workbook will be uploaded under its own deliverable in PMDA and as directed by CMS is not included in Appendix X due to the new formatting structure. In addition, CMS granted Indiana an extension to submit the Q4 & Annual workbook.

- (Required) The state has attached completed the budget neutrality workbook in Appendix X.

8.1 Anticipated Changes to Financial/Budget Neutrality

The state anticipates that Institution of Mental Disease (IMD) and residential treatment utilization will continue to grow as the program matures and additional providers are identified. Residential treatment for members meeting ASAM Levels 3.1, 3.3, 3.5, or 3.7 was authorized effective March 1, 2018.

- The state does not anticipate future changes to budget neutrality at this time.

9. Demonstration Operations and Policy

Q4: Effective October 31, 2019, FSSA decided to pause the reporting requirement for the Gateway to Work program.

Annual: The waiver extension was approved, allowing for the Healthy Indiana Plan to continue operation for the next three years. These changes included:

- POWER Account contribution from a calculated 2% of income to tiered amounts (Q1).
- Pregnant women with an incomes less than 138% FPL are enrolled directly in HIP and remain in HIP for the entirety of their pregnancy and post-partum period (Q1).
- HIP Plus benefit package was updated to add six chiropractic spinal manipulation visits (Q1).

10. Implementation Update

Q4:

Item	Date and Report in Which Item Was First Reported	Implementation Status
As approved in the STCs, Indiana will make participation in community engagement activities mandatory for some HIP beneficiaries.	7/19/17 – amendment to the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented, however the reporting requirement for members has been put on hold effective October 31, 2019.

Annual:

Item	Date and Report in Which Item Was First Reported	Implementation Status
Transitional Medicaid Assistance change as documented in the waiver request and STCs.	7/19/17 – amendment to the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.

Pregnant women eligible under 42 CFR 435.116 with income under 133% of the FPL will be enrolled into HIP.	1/31/17 - the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.
Calendar Year Benefit Period as approved in the STCs.	1/31/17 - the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.
POWER Account contributions will be calculated based upon a tiered contribution structure established by the state	7/19/17 – amendment to the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.
Redetermination compliance change, as approved in the STCs individuals will be prohibited from re-enrolling in HIP for a period of time.	1/31/17 - the HIP 1115 Demonstration Waiver Extension Request	This change has been implemented.

11. Demonstration Evaluation Update

Evaluation Plan

In February 2019 (Q1), CMS provided written comments to the State on the Draft Evaluation Plan submitted in November 2018. The State held meetings with CMS to discuss this initial feedback. CMS released official Evaluation Design Guidance documents in March 2019 (Q1). Based on the feedback and guidance documents, the State and evaluator updated the evaluation design.

In May 2019 (Q2), the State and evaluator submitted the Final Evaluation Plan to CMS. In June 2019, CMS provided written comments to the State followed by meetings in July and August 2019 with the State and the evaluator to discuss the recommendations included in these comments, including the survey approach (Q2, Q3). The State and the evaluator submitted a summary of the State’s response to CMS’ feedback in August 2019 (Q3), followed by additional meetings to review and discuss the summary. CMS indicated during a meeting in September 2019 (Q3) that they wanted the State to consider a new survey approach and that written feedback would be forthcoming. CMS provided this additional feedback in October 2019 (Q4) and the State submitted a revised evaluation plan addressing CMS’ new survey recommendation in November 2019 (Q4). The State anticipates CMS approval of the evaluation plan in Q1 2020.

Interim Report

The State shared data files with the evaluator for the Interim Evaluation (Q2, Q3). The evaluator conducted key informant interviews with the State, the Managed Care Entities, providers, and members. The evaluator developed the Interim Evaluation Report (Q2, Q3, and Q4) that included qualitative and quantitative data analysis. The evaluator submitted the Interim Evaluation Report draft to the State in November 2019 (Q4) and the State posted the draft for public comment. The State received several comments but the comments did not require any changes to the Interim Evaluation Report. The evaluator resubmitted the Interim Evaluation Report to the State to include as part of its waiver renewal application in December 2019 (Q4). The State anticipates CMS approval of the Interim Evaluation Report in Q1 2020.

Medicaid Section 1115 Monitoring Report
 Indiana – Healthy Indiana Plan
 DY5 Annual Report – January 1, 2019 – December 31, 2019
 Q4 – October 1, 2019 – December 31, 2019
 Submitted on March 31, 2020

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Final Evaluation Plan	5/14/19	The State received feedback from CMS on the Draft Evaluation Plan in February 2019. CMS posted Evaluation Guidance documents in March 2019.	
Final Revised Evaluation Plan	8/19 11/6/19 12/19/19	The State received feedback from CMS on the Final Evaluation Plan in June 2019, August 2019, and October 2019.	Approval of the Evaluation Plan is still pending, as described above. Summative Evaluation report activities planned for 2020 rely on CMS approval of the Evaluation Plan.
Interim Report for Public Comment, includes Final Evaluation Plan	11/6/19	The State received feedback on the Interim Evaluation Report, which included the Evaluation Plan as an attachment during the 11/6/19-12/6/19 public comment period.	
Interim Report for Waiver Renewal, includes Final Evaluation Plan	12/19/19	The State did not receive public comments that required changes to the Interim Evaluation Report. The evaluator resubmitted the Report for the State to submit to CMS as part of its waiver renewal.	

12. Other Demonstration Reporting

None to report.

12.1 Post Award Public Forum

If applicable within the timing of the demonstration, the state should provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicate any resulting action items or issues. A summary of the post-award must be included in the monitoring report for the period during which the forum was held and in the annual report pursuant to 42 CFR § 431.428 .

- The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).

The 1115 demonstration waiver post award forum was held on July 30, 2019 during a special meeting of the Medicaid Advisory Committee and was open to the public. The state presented on HIP eligibility and enrollment, the community engagement program, Gateway to Work (GTW), as well as the development of HIP Workforce Bridge.

Three people provided comments in support of the HIP program and HIP Workforce Bridge, including representatives from the Indiana Hospital Association, MHS and Anthem. An MCE commented that the HIP program enhancement has enabled them to further support their members by focusing on social determinants of health through programs addressing such issues as housing, education, and employment, those sentiments were echoed across all the MCEs. A written comment from the National Alliance on Mental Illness Indiana expressed support for the SMI waiver. It noted, however, their concerns that the GTW program, cost sharing requirements, and lockout policies will have unintended consequences for enrollees with mental illness and impact their ability to access IMD services.

Most public questions were related to understanding HIP eligibility, POWER Accounts, GTW, and how the new HIP Workforce Bridge program relates to those components. GTW questions centered around program documentation standards, member reported information, public opportunity to give program feedback, and additional safeguards for members facing challenges. In summary, Indiana addressed questions to satisfaction.

13. Notable State Achievements and/or Innovations

Q4: None to report during this quarter.

Annual: None to report for DY4.

Appendix X

1. Enrollment Metrics

Table 1. Annual HIP Enrollment

Reporting Period: January 1, 2019 – December 31, 2019

FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	40,802	30,205	71,007	34.2%	78,016	49,190	127,206	61.2%	9,669	4.7%	207,882	53.5%
5%-10%	538	229	767	26.9%	1280	647	1927	67.5%	161	5.6%	2855	0.7%
11%-22%	1,386	494	1,880	25.7%	3,292	1679	4,971	68.1%	451	6.2%	7,302	1.9%
23%-50%	1,934	5,288	7,222	27.1%	5,381	12,382	17,763	66.6%	1,704	6.4%	26,689	6.9%
51%-75%	2,472	7,607	10,079	27.1%	7,488	17,672	25,160	67.7%	1,917	5.2%	37,156	9.6%
76%-100%	2,886	8,766	11,652	26.0%	8,890	22,024	30,914	69.0%	2,257	5.0%	44,823	11.5%
Total <101%	50,018	52,589	102,607	31.4%	104,347	103,594	207,941	63.6%	16,159	4.9%	326,707	84.2%
101%-138%	2,682	3,966	6,648	11.4%	14,671	34,417	49,088	83.9%	2,754	4.7%	58,490	15.1%
>138%	25	80	105	3.5%	2414	128	2542	84.5%	362	12.0%	3009	0.8%
Grand Total	52,725	56,635	109,360	28.2%	121,432	138,139	259,571	66.9%	19,275	5.0%	388,206	100.0%

**Source: FSSA Data & Analytics*

Graph 1A. Total HIP enrollment by quarter

Reporting Period: January 1, 2019 – December 31, 2019

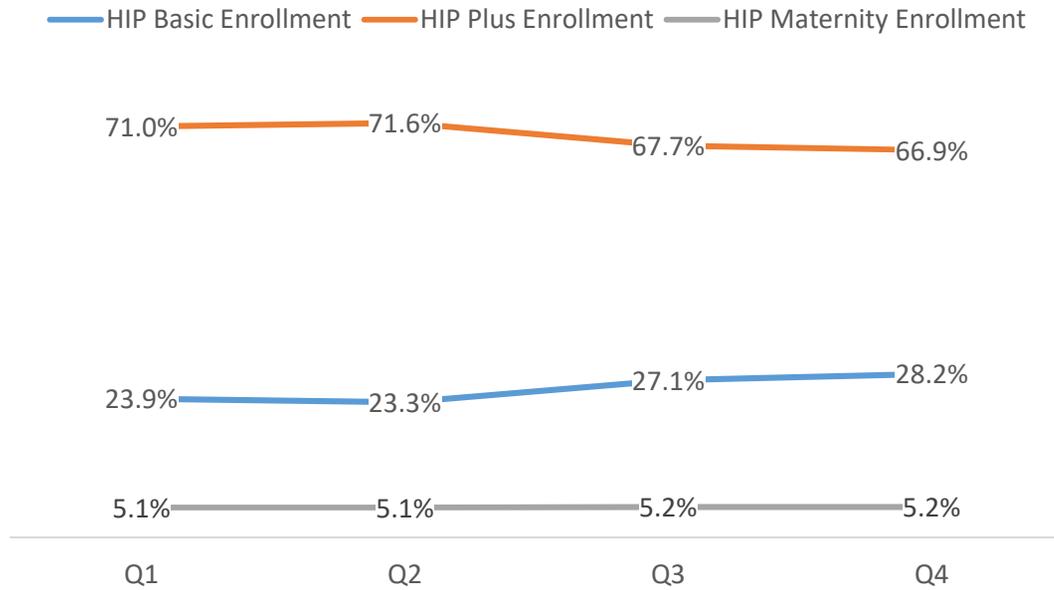
Total unique HIP enrollment at the end of
each quarter



Graph 1B. Percent of HIP enrollment by plan

Reporting Period: January 1, 2019 – December 31, 2019

Percent of HIP Enrollment by Plan



Graph 1C. Pregnant women enrolled in HIP

Reporting Period: January 1, 2019 – December 31, 2019

The number of unique pregnant women enrolled in
HIP Maternity by quarter



2. Benefits Metrics

Table 2. Quarterly Preventive Services and Chronic Care

Reporting Period: October 1, 2019- December 31, 2019

Table 2 data is reported quarterly by Managed Care Entities (MCEs) for a 12 month rolling period.

Service	MCE	Data Description	Basic	Plus	State Plan
Adults' Access to Preventive/ Ambulatory Services	MCE 1	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	57.6%	83.3%	89.1%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	55.0%	87.7%	95.2%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	39.6%	74.6%	81.1%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	32.2%	79.9%	92.3%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	52.2%	77.6%	86.5%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	47.0%	81.1%	94.0%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	49.0%	78.7%	86.8%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	43.6%	83.3%	94.1%
Breast Cancer Screening	MCE 1	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	157	2,977	3,028
		Women enrolled with the MCE, ages 40 - 64 years	1,311	10,313	8,786
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	12.0%	28.9%	34.5%
	MCE 2	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	31	588	376
		Women enrolled with the MCE, ages 40 - 64 years	563	2782	1425
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	5.5%	21.1%	26.4%
	MCE 3	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	37	1292	1870
		Women enrolled with the MCE, ages 40 - 64 years	450	4413	4745
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	8.2%	29.3%	39.4%
	MCE 4	Women who had a Mammogram within prior 12 months, ages 40 - 64 years	53	987	1,540
		Women enrolled with the MCE, ages 40 - 64 years	388	3,339	3,497
		Percentage of women who had a Mammogram during the prior 12 months, ages 40 - 64 years	13.7%	29.6%	44.0%
		Women who had one or more PAP tests, ages 21 - 64 years	2,965	10,887	21,616

Medicaid Section 1115 Monitoring Report
 Indiana – Healthy Indiana Plan
 DY5 Annual Report – January 1, 2019 – December 31, 2019
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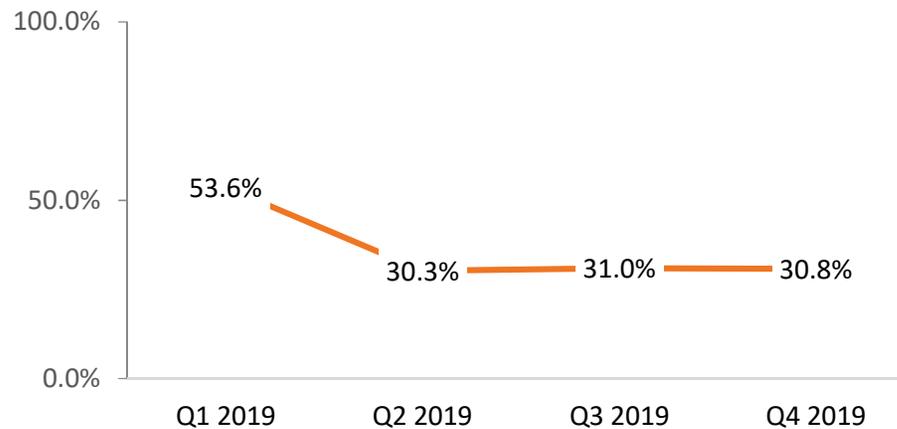
Cervical Cancer Screening	MCE 1	Women enrolled with the MCE, ages 21 - 64 years	10,912	34,373	55,219	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	27.2%	31.7%	39.1%	
	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	426	2082	2674	
		Women enrolled with the MCE, ages 21 - 64 years	5545	10961	12092	
	MCE 3	Percentage of women who had one or more PAP tests, ages 21 - 64 years	7.7%	19.0%	22.1%	
		Women who had one or more PAP tests, ages 21 - 64 years	1037	7116	13392	
		Women enrolled with the MCE, ages 21 - 64 years	4947	19898	33475	
	MCE 4	Percentage of women who had one or more PAP tests, ages 21 - 64 years	21.0%	35.8%	40.0%	
		Women who had one or more PAP tests, ages 21 - 64 years	762	4,334	10,080	
		Women enrolled with the MCE, ages 21 - 64 years	3,357	12,829	24,022	
	Comprehensive Diabetes Care	MCE 1	Percentage of women who had one or more PAP tests, ages 21 - 64 years	22.7%	33.8%	42.0%
			Number of members ages 18-75 with diabetes who had an HbA1c test	419	2,729	7,192
Number of members ages 18-75 at the end of the measurement period identified with diabetes			830	4,726	10,455	
MCE 2		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	50.5%	57.7%	68.8%	
		Number of members ages 18-75 with diabetes who had an HbA1c test	53	530	874	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	281	1,302	1,710	
MCE 3		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	18.9%	40.7%	51.1%	
		Number of members ages 18-75 with diabetes who had an HbA1c test	141	1,495	4,353	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	345	2,406	5,984	
MCE 4		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	60.0%	84.8%	86.1%	
		Number of members ages 18-75 with diabetes who had an HbA1c test	101	901	3,108	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	155	1,049	3,586	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	65.2%	85.9%	86.7%	

*Source: OMPP Quality and Reporting

Graph 2A. Breast cancer screening

Reporting Period: January 1, 2019 - December 31, 2019

Percentage of women aged 40-64 years who had a breast cancer screening enrolled in HIP

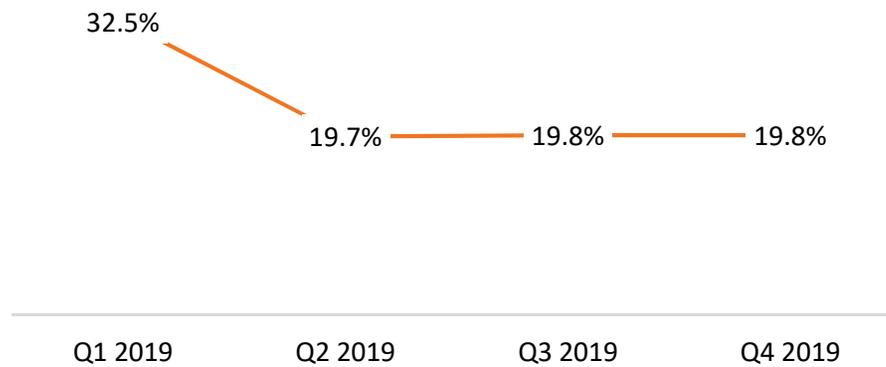


**Source: OMPP Quality and Reporting*

Graph 2B. Cervical cancer screening

Reporting Period: January 1, 2019 - December 31, 2019

Percentage of women aged 21-64 years who had a cervical cancer screening enrolled in HIP



**Source: OMPP Quality and Reporting*

Table 3. Quarterly Emergency Room Utilization

Reporting Period: October 1, 2019 – December 31, 2019

The Emergency Room Utilization data is collected on a paid basis not an incurred basis, meaning that this data reflects the claims paid during the experience period with a 90 day claims lag time. This table show the claims payment activity for July 1, 2019 – September 30, 2019 for HIP Plus, HIP Basic, and HIP State Plan.

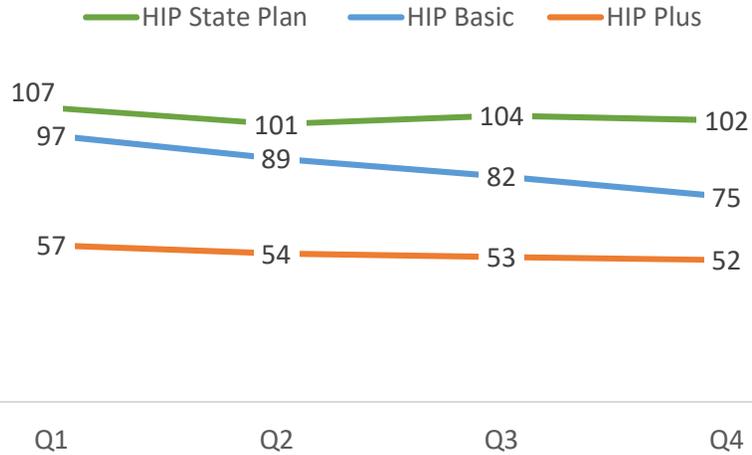
Plan	Number of ER visits adjudicated for the experience period	Number of ER visits deemed emergent	Number of visits deemed non-emergent	Number of Adjudicated ER claims per 1,000 members	Percent of claims deemed emergent	Percent of claims deemed non-emergent
HIP Plus	98,856	35,578	63,278	52	36.0%	64.0%
HIP Basic	46,229	15,265	30,964	75	33.0%	67.0%
HIP State Plan	282,144	88,769	193,375	130	31.5%	68.5%

**Source: OMPP Quality and Reporting*

Graph 3A. Annual Emergency Room Utilization—Number of adjudicated ER Claims per 1,000 members by HIP Plan

Reporting Period: January 1, 2019 – December 31, 2019

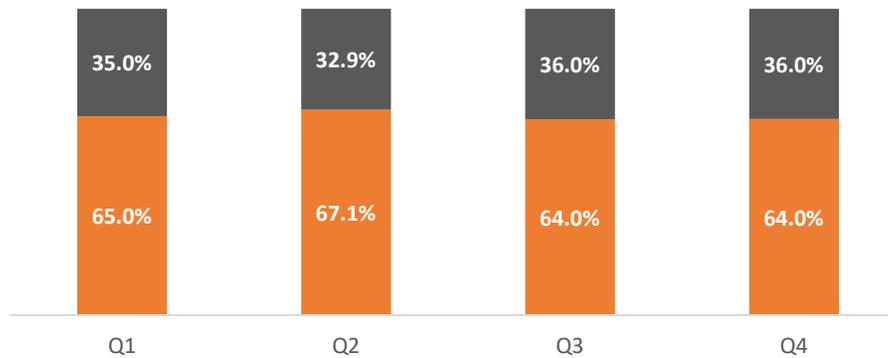
The number adjudicated ER Claims per 1,000 members by HIP Plan



Graph 3B. Annual Emergency Room Utilization—Percent of emergent or non-emergent claims for HIP Plus

Reporting Period: January 1, 2019 – December 31, 2019

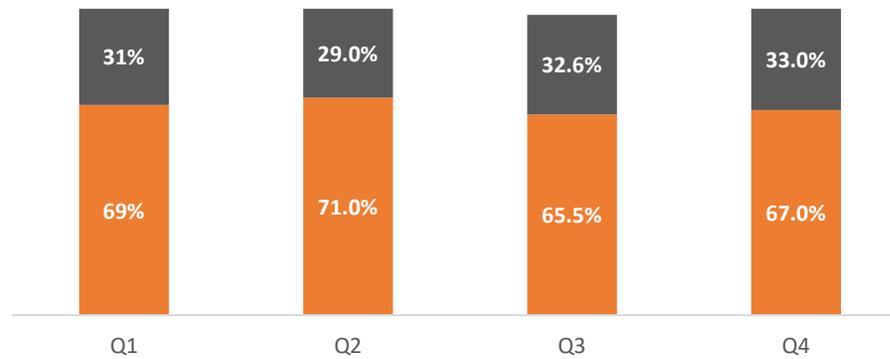
Percent of claims deemed **emergent** or
non-emergent for HIP Plus



Graph 3C. Annual Emergency Room Utilization—Percent of emergent or non-emergent claims for HIP Basic

Reporting Period: January 1, 2019 – December 31, 2019

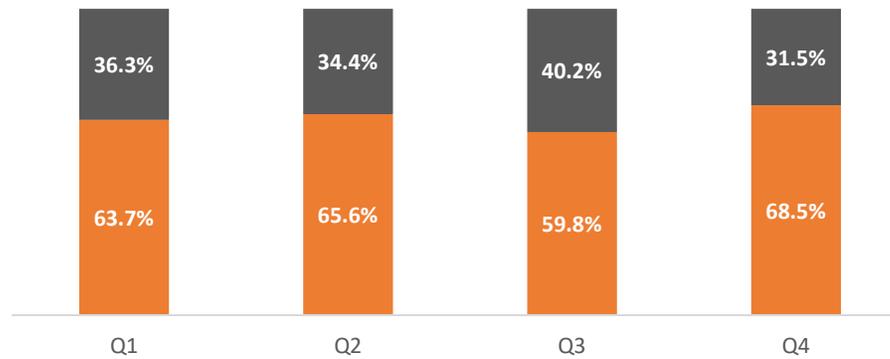
Percent of claims deemed **emergent** or
non-emergent for HIP Basic



Graph 3D. Annual Emergency Room Utilization—Percent of emergent or non-emergent claims for HIP State Plan

Reporting Period: January 1, 2019 – December 31, 2019

Percent of claims deemed **emergent** or
non-emergent for HIP State Plan



3. Appeals Metrics

Table 4. Hearings Opened – Q4

Reporting Period: October 1, 2019 – December 31, 2019

Hearings Opened	Count	Percent of Opened	Average Days
Opened	1,211		
Pending	1	0.1%	
Rejected	49	4.0%	11.6
Accepted	1,161	95.9%	13.9

**Source: FSSA Data & Analytics*

Table 4A. Hearings Opened- Annual

Reporting Period: January 1, 2019 – December 31, 2019

Hearings Opened	Count	Percent of Opened	Average Days
Opened	5,220		
Pending	8	0.2%	
Rejected	206	3.9%	10.9
Accepted	5,006	95.9%	9.9

**Source: FSSA Data & Analytics*

Table 5. Hearings Accepted – Q4

Reporting Period: October 1, 2019 – December 31, 2019

Hearings Accepted	Count		Average Days
In Process	260	17.8%	
Dismissed	1,059	72.5%	44.1
Hearings Held	142	9.7%	42.9

**Source: FSSA Data & Analytics*

Table 5A. Hearings Accepted – Annual

Reporting Period: January 1, 2019 – December 31, 2019

Hearings Accepted	Count		Average Days
In Process	15	0.3%	
Dismissed	4,321	86.3%	34.9
Hearings Held	670	13.4%	34.8

**Source: FSSA Data & Analytics*

Table 6. Hearings Held – Q4

Reporting Period: October 1, 2019 – December 31, 2019

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	4	2.7%		
Released	143	97.3%		57.9
Withdrawn	4		3.7%	
Favorable to State	102		66.8%	
Favorable to Appellant	37		29.9%	

**Source: FSSA Data & Analytics*

Table 6A. Hearings Held – Annual

Reporting Period: January 1, 2019 – December 31, 2019

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	5	0.7%		
Released	665	99.3%		55.8
Withdrawn	28		4.2%	
Favorable to State	445		66.9%	
Favorable to Appellant	192		28.9%	

**Source: FSSA Data & Analytics*

Table 7. Top 5 Appeal Reasons – Q4

Reporting Period: October 1, 2019 – December 31, 2019

Count	Reason
479	004 Unable to Determine eligibility
414	001 Financially Ineligible
131	047 Non Payment of Power Account
123	027 Other
20	021 Effective Date of Assistance

**Source: FSSA Data & Analytics*

Table 7A. Top 5 Appeal Reasons – Annual

Reporting Period: January 1, 2019 – December 31, 2019

Count	Reason
2,086	004 Unable to Determine eligibility
1,838	001 Financially Ineligible
542	027 Other
445	047 Non Payment of Power Account
133	021 Effective Date of Assistance

**Source: FSSA Data & Analytics*

4. Quality Measures

Table 8. New Member Health Needs Screen – Q4

Reporting Period: October 1, 2019 – December 31, 2019

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	12,876	3,262	7,183	6,051	29,372
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	630	37	802	345	1,814
New Members Net of Terminated	12,246	3,225	6,381	5,706	27,558
Number of Members in Item #1 that have been Classified as Unreachable	8,934	1,211	1,849	621	12,615
New Members Net of Terminated and Unreachable	3,312	2,014	4,532	5,085	14,943
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	2,766	900	4,470	4,108	12,244
Performance Measure #1: % Screened Within 90 Days (all except Terminated)	22.6%	27.9%	70.1%	7.2%	32.0%
Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	83.5%	44.7%	98.6%	80.8%	76.9%

**Source: OMPP Quality and Reporting*

Graph 8A. New Member Health Needs Screen – Annual

Reporting Period: January 1, 2019 – December 31, 2019

Percent of new HIP members screened within 90 days of enrollment

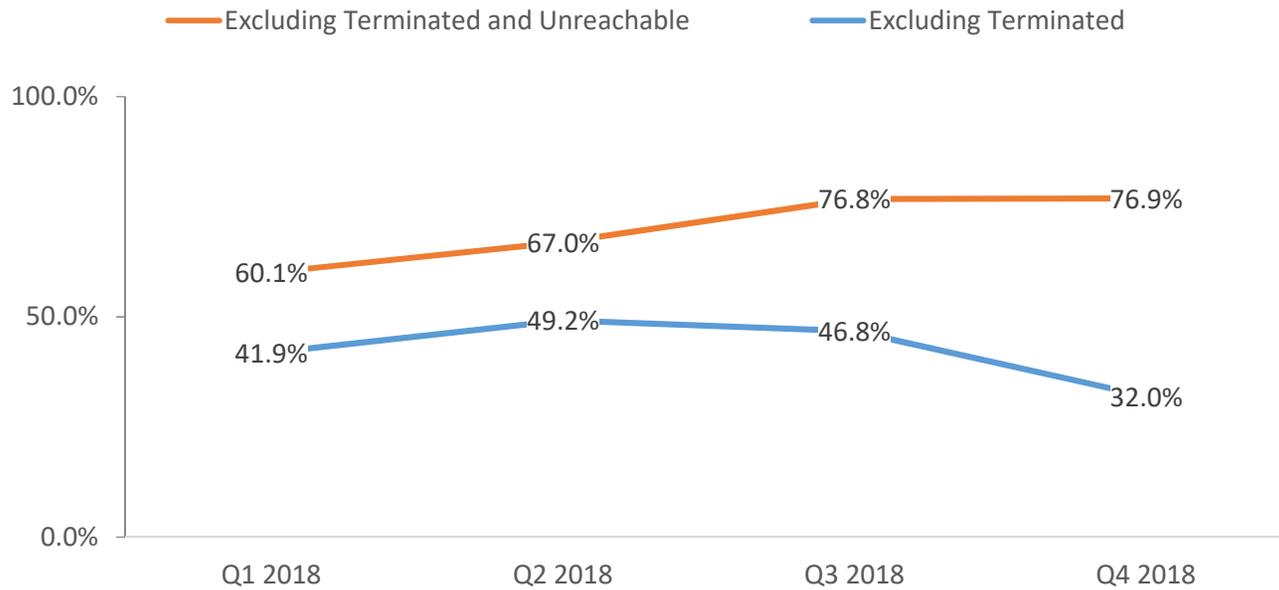


Table 9. Physical Health Complex Care Management

Reporting Period: October 1, 2019 – December 31, 2019

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Asthma	2,088	461	71	743	37,201	151	618
Diabetes	4,581	260	88	1,145	51,449	375	798
COPD	1,600	135	63	674	31,837	141	551
Coronary Artery Disease	369	1	41	291	16,089	34	265
Congestive Heart Failure	812	31	40	311	10,711	87	238
Chronic Kidney Disease	710	35	36	312	12,445	72	250

**Source: OMPP Quality and Reporting*

Table 10. Behavioral Health Complex Care Management

Reporting Period: October 1, 2019 – December 31, 2019

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Depression	5,549	680	331	2,692	471,175	633	2,153
ADHD	345	676	28	180	14,826	24	162
Autism/Pervasive Developmental Disorder	218	676	29	200	16,245	30	177
Inpatient Discharges from Psychiatric Hospital	3,137	676	21	2,469	142,546	1,247	1,231
Bipolar Disorder	1,725	676	87	784	51,948	196	620

**Source: OMPP Quality and Reporting*

Table 11 and 12. Prenatal and Postpartum Care

Reporting Period: October 1, 2019 – December 31, 2019

Table 11 assesses the weeks of pregnancy at the time of enrollment in to the MCE for women who delivered a live birth during the previous 12 months, as well as the average number of prenatal visits during the enrollment.

MCE	Data Description	Prior to Week 15 of Pregnancy	Weeks 15 through 28 of Pregnancy	Weeks 29 through 36 of Pregnancy	Week 37 or later of Pregnancy
MCE 1	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	5,549	1,950	687	283
	Prenatal visits in Weeks 1-14	10,241			
	Prenatal visits in Weeks 15-28	23,464	4,930		
	Prenatal visits in Weeks 29-36	23,645	8,088	1,513	
	Prenatal visits in Week 37 and later	22,138	7,675	2,567	559
	Average number of visits in Weeks 1-14	1.8			
	Average number of visits in Weeks 15-28	4.2	2.5		
	Average number of visits in Weeks 29-36	4.3	4.1	2.2	
Average number of visits in Weeks 37 and later	4.0	3.9	3.7	2.0	
MCE 2	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	859	1151	405	154
	Prenatal visits in Weeks 1-15	501			
	Prenatal visits in Weeks 15-29	3727	3755		
	Prenatal visits in Weeks 29-37	3407	4330	1052	
	Prenatal visits in Week 37 and later	3183	4108	1301	372
	Average number of visits in Weeks 1-15	0.6			

Medicaid Section 1115 Monitoring Report
 Indiana – Healthy Indiana Plan
 DY5 Annual Report – January 1, 2019 – December 31, 2019
 Q4 – October 1, 2019 – December 31, 2019
 Submitted on March 31, 2020

	Average number of visits in Weeks 15-29	4.3	3.3		
	Average number of visits in Weeks 29-37	4.0	3.8	2.6	
	Average number of visits in Weeks 37 and later	3.7	3.6	3.2	2.4
MCE 3	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,596	1,852	548	236
	Prenatal visits in Weeks 1-16	4,971			
	Prenatal visits in Weeks 15-30	16,393	3,961		
	Prenatal visits in Weeks 29-38	21,696	8,135	1,476	
	Prenatal visits in Week 37 and later	26,962	10,235	3,251	848
	Average number of visits in Weeks 1-16	1.1			
	Average number of visits in Weeks 15-30	3.6	2.1		
	Average number of visits in Weeks 29-38	4.7	4.4	2.7	
	Average number of visits in Weeks 37 and later	5.9	5.5	5.9	3.6
MCE 4	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2,943	1,553	477	179
	Prenatal visits in Weeks 1-17	4,596			
	Prenatal visits in Weeks 15-31	12,294	3,685		
	Prenatal visits in Weeks 29-39	11,142	5,290	875	
	Prenatal visits in Week 37 and later	9,640	4,767	1,273	271
	Average number of visits in Weeks 1-17	1.6			
	Average number of visits in Weeks 15-31	4.2	2.4		
	Average number of visits in Weeks 29-39	3.8	3.4	1.8	
Average number of visits in Weeks 37 and later	3.3	3.1	2.7	1.5	

Reporting Period: October 1, 2019 – December 31, 2019

Table 12 assesses timeliness of prenatal care and postpartum care among women who delivered a live birth during the previous 12 months.

MCE Prenatal & Postpartum Care	Data Description	Basic	Plus	State
MCE 1	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	52.6%	74.7%	77.2%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	44.7%	66.7%	61.8%
MCE 2	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	47.9%	74.3%	70.1%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	43.8%	55.2%	58.7%
MCE 3	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	66.9%	75.8%	71.9%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	51.6%	66.0%	57.4%
MCE 4	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	66.7%	81.8%	88.8%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	46.7%	63.6%	68.8%

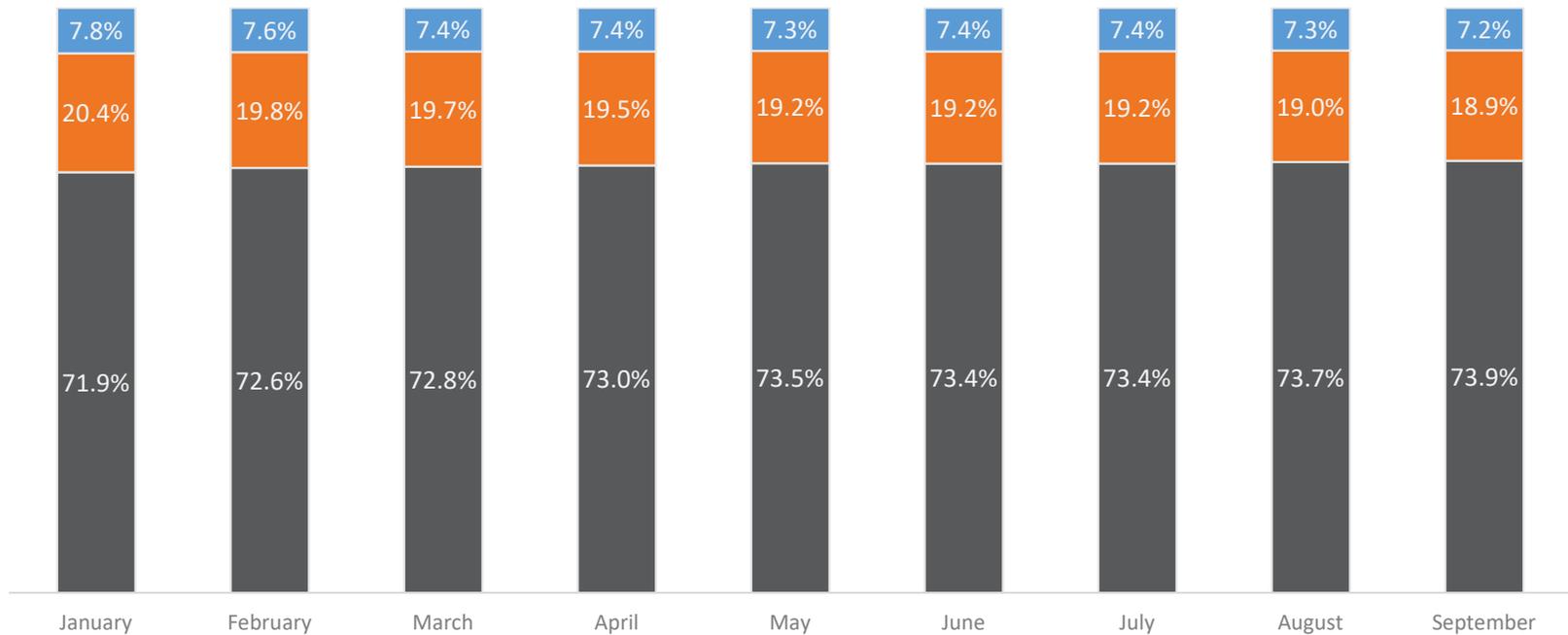
**Source: OMPP Quality and Reporting*

5. Other Demo Specific Metrics

Graph 13. Percent of members in each Gateway to Work Referral Status

Reporting Period: January 1, 2019- September 30, 2019

In 2019, HIP Members with a Gateway to Work **Exemption** had increased. HIP Members with a monthly **Reporting** status or **Reporting Met** status have decreased.



*Source: FSSA Data & Analytics